n of ould OCC	/ County Do	rchester				Registration Dist. No. 116
A F.8	/ Village or Ci	ity Cambridg	e, Md.		No	*/> St.,
1 w 1	Length of resid	dence in city or town where	death occurred	yrs3mos	f death occurred in a hospital or institution	reign birth?
RD. Ever. PHYSICIAN of statement		ce: No. 3ii Hen		CLEOL C. ALL	St., 5 Ward.	3442.
			(Usual place		No.	If nonresident give city or town
Fa P P		AL AND STATIS				RTIFICATE OF DEATH
EXACTLY. PH y classified. Exact	3. SEX Male	White		RRIED, WIDOWED, D (write the word) IN T	21. DATE OF DEATH Septem	ther I4th
PERMANENT EXACTLY Iy classified.	5e. If married, widows HUSBAND of (or) WIFE of		ant		22. I HEREBY CERTIFY, That I atte	CERTIFY, Thal I attend
EX cla	6. DATE OF BIRTH (month, day and year)	TO/8/T9	234	I last saw harmalive on	14 193
IS A PE stated E properly certificate	7. AGE Year	1	Days 6	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated a The PRINCIPAL CAUSE OF DEATH : were as follows:	
VG INK—THIS AGE should be that it may be ons on back of	9. Industry or 1 work was SAW MILI 10. Date decease this occup	york done, as SPINNER, BOOKKEEPER, etc	_ spa	lime (years) nt in this	Sakolina Auf	-ulus
DIN So so icti	12. BIRTHPLACE (cit	y or town) Church	Creek,	Other Contributory Causes of importance:		
supplied. n terms, ee instru	4 14. BIRTHPLACE (city or town) Jakesville,					
sul in t						
efull in pl ant.	15. MAIDEN NAM	ME Lenora Wi	illey	1	23. If death was due to externel ceuses	s (VIOLENCE) fill in also the follow
be carefully EATH in pla important.	15. MAIDEN NAME Lenora Willey 16. BIRTHPLACE (city or town) Laekesville, (State or country) Md				Accident, sulcide, or homicide? Date of Injur	
S A A		James H. Ro			(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	
	18. BURIAL CREMATI			/35. ,19	Manner of injury	
WRITE mation s CAUSE TION is		Granville Cambridge	S. LeCo		24. Was disease or injury in any way	

1. PLACE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

sident give city or town and State

IFY, Thal I attended deceased from

d causes of Importance

..... Date of

..... Was there an autopsy?.....

ICE) fill in also the following:

city or town, county and State) in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CT 7 193	5 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	. S July 5, 1927	Peritonitis	3 days ago
	and the second s		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH - 9	1837
1. PLACE OF DEATH	(82-2)	7
County Darchester	Registration Dist. No.	6
Village or City Church Creek	NoSt.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME LULIS OF CANOCK	If U.S. Veteran specify WAR	
(a) Residence: No. Chulch Cyllk A	1d.St., Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ale ·
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	93.5
male Caland married	(Month) (Dey)	(Year)
5a. If married, widowed, or divorced hustoned af	22. I HEREBY CERTIFY, That I attended dec	ceased from
(or) WIFE of Little ligonate	Sept 2 1935 to Sept 3	1923
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Sept 3 ,1935;	death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 93 Pm.	
44 reknower 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or perticular	were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, Labout	Cerebral Hemorphase S	Sept > 3
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) January Cylono	Sunkanowa. was never	
(State or country)	sick prior to death illness	
13. NAME ROMOCON bronch		
14. BIRTHPLACE (city or town) Tarland	Name of operation Oate of	
(State or country)	What test confirmed diagnosis? Was there an auto	opsy?
I 15. MAIDEN NAME Nally Stargles	23. If death was due to externat causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Nally Stander 16. BIRTHPLACE (city or town) Tankard Carlo Land	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT ROMOCK Stronger	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place July & Countrate Dely 1975	Nature of Injury	
19. UNDERTAKER Llinis HBurfur (Address) Canter dat and	24. Was disease or injury In any way related to occupation of deceased?	200
o b. see	(Signed) G. S. Mercech	M D
20. FILEO 1933 The March Registrar.	(Address) Cambridge, The	el.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
		-
pa s James - A	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

RGIN

V. S. No.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 7 1935	July 5, 1927	Peritmitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PL.

V. S. No. 1

M	of infor	uld stat	CCUPA	
	tem	sho	7	
	-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSTCHANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
1	E E	PH	xact	
	TR	Y.	鱼	
ARGIN RESERVED FOR BINDING	MANEN	ACTI	lassified.	
BIN	PER	E	ly c	ite.
FOR	IS A 1	stated	proper	TION is very important. See instructions on back of certificate.
ED	HIS	be	be	Jo
SERV	NK-T	should	it may	n back
RES	I DN	AGE	that	ons o
NIS	ADII	d.	S, S0	ructi
ARC	UNF	pplie	term	inst
•	VITH	ully su	plain	t. See
	Y, V	aref	H in	rtan
(3	pe c	EAT	impo
(PLA	plnor)F D	very
1	TE	n sh	SE (is
F.	-WR	matio	CAU	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0890
1. PLACE OF DEATH	97)
County Dorchester	Registration Dist. No. 110
Village or City Hurlock	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds,
2. FULL NAME Charles E. Butter	
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of Elegabeth Butter	22. I HEREBY CERTIFY, That I attended deceased from 1935, to 9/6/35, 19
6. DATE OF BIRTH (month, day, and year) Dec 7 1856	I last saw h elive on 8/21/35 , 19 ; death is said
7 AGE Years Months Days If LESS than 1 dey,	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
	Dewility V Artorios Clar Date of one et
Z Tade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) Marylund	Other Contributory Canses of Importance:
13. NAME Camero Pareller	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Burness Howard (Address) Hulos & Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Salving to H was Self 8, 1935	Manner of injury
19. UNDERTAKER & B Willoughby (Addigss) East New Mailet Man	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED Sefet 6, 1935-Chas W Hastings Registrar.	(Signed) Roger Myers J. M. D. (Address) H. Lundock M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I	11	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 5: 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis *	3 days ago
DEA /2			
Other contributory causes of importante.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1920			

1	infor-	state
X	Jo	pli
	item	shot
	LY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	RD.	IXXI
U	RE	PI
5	ENT	TLY
	N	0
ARGIN RESERVED FOR BINDING	RM	XA
M	PE	A
)K	V	tod
F	IS	sta
QQ.	HIS	be
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	AD	d.
IEC IEC	NF	plie
R	n l	sup
-	ITH	Ily
	M	efu
	LY,	car
		4.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

N. B.—WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9830
1. PLACE OF DEATH County Problemater Village or City Therefore (If	Registration Dist. No. 1 10 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (b) Usual place of abode)	ds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wird) Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, end year) Weers Months Days If LESS than 1 dey,hrs.	22. I HEREBY CERTIFY, Thet I ettended deceased from 9, 20, 19, 35, to 9, 20, 19, 3, 5 I last saw h 2 elive on 9, 20, 40, 19, 3, 5, deeth is seid to heve occurred on the dete steted above, et 9m. The PRINCIPAL CAUSE OF DEATH end related geuses of Importence
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupetion (month end yeer) occupetion.	Were es follows: Dela Lation of The ast Chronic endocondition obsol societal re- gurgitation. Cruzo
12. BIRTHPLACE (city or town) State or country) Li 13. NAME Manues	Other Contributory Causes of importance: Chronice Bronchite Chronice Bronchites
13. NAME Willease of Manning 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	What test confirmed diagnosis?
18. BURIAL, CREMATION, OR REMOVAL Plato est new Mondete Left 31925	Menner of injury
19. UNDERTAKER 9. 13. Willer Glery (Address) 20. FILED UP 23, 1935 Chus Wasaling Registrat.	24. Wes discese or injury in eny wey releted to occupation of deceesed? If so, specify (Signed) (Address) (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis - 1695	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 7	July 5,1927	Peritonitis	3 days ago
BUREAU		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	il i	Example II		
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Chronic interstitial nephritis - 1935	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNEAU V. S.	9			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	e it	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DESDEAU V. S.	- Constant		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

instructions

See

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OCCUPA

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and St PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 : (Month) (Dav) (Yeer) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of enset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation. 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation (State or country) Was there an autopsy? UNLS MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury. 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I	0	Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 001 7 190	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1	C1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUKEAU	July5,1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor-OCCUPA should Jo occurred in a hospital or institution, give in NAME instead of street and number) How long in U.S. if of foreign birth? PHYSICIANS statement (Usual place of abote) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH STICLE MARRIED, WIDOWED, DIVORGED (write the word) BINDING 5a. If married, widowed, or divorced **HUSBAND** of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS than 7. AGE Years Months to have occurred on the date stated above, at-1 day, -----hrs. or min. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased ast worked at 11. Total ti that instructions (State or country) supplied. FATHER 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME in OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_. be plnods (Address) 18. BURIAL, CREMATION, OR Manner of Injury -WRITE CAUSE mation Nature of injury. LION 19. UNDERTAKER If so, specify

Wonth) (Day) (Year) HEREBY CERTIFY. That I attended deceased from Date of onset

If nonresident give city or town and State

death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide?_____ Date of Injury_____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

RGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should -WRITE

of OCCUPA-

1. PLACE OF DEATH			Tio III		
County Adaha	tu		W.D	Registration Dist. No.	116
Village or City Can	Andge		No.	THI.	Ward
Length of residence In city or town		(I	f death occurred in a horpital or instit	MARION ALANDA STARDA	and number)
010	where death occurred	yrs. F mo:	s. / Sds. How long In U.S. if		mosds.
2. FULL NAME	ona M	u Clu		(1)	W/70 0,
(a) Residence: No. 23	0 High	(place of abode)	St., Ward.		0,
PERSONAL AND STA			MEDICAL C	If conresident give city or town	
3. SEX 4. COLOR OR RA	CE 5. SINGLE,	MARRIED, WIDOWED,	21. DATE OF DEATH	- 4	FT
Acroslo colored	OR DIVO	RCED (write the word)		internation 11	. 193 5
5. If married, widowed, or divorced	120	-gre		(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of			22. I HEREB	Y CERTIFY, That I atten	ndad deceesed from
			lug 16	, 19.35, to, Dept 1	11. 19.35
6. DATE OF BIRTH (month, day, end yee	1) april 2	6 1935	I last saw h alive on	Deptembel 11, 19:	35; death is said
7. AGE Years Mo	nths / Oays	If LESS than 1 day,hrs.	to have occurred on the date state	ad above, at 1625 p.m.	
	4 15	ormin.	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importance	10.1
8. Trade, profession, or particular kind of work dona, as SPINN	IER.		acute Enten	ho	Dats of onest 8-14 35
kind of work dona, as SPINN SAWYER, BOOKKEEPER, atc 9. Industry or business in which	none		Bronchops	ummin (sunday	19.8-3
work was done, as SILK MILI SAW MILL, BANK, atc.	L.		//		
SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as STIK MILL SAW MILL, BANK, atc 10. Data decased last worked at this occupation (month and	1	tal time (years)			
yaar)		spant in this			
12. BIRTHPLACE (city or town)	embudge		Other Contributory Causes of Imp	ortance:	
(State or country)	Find				
13. NAME X AY	d ander	son	***************************************		
14. BIRTHPLACE (city or town)	Duli la	land	Name of operation	nc Oate	
(State or country)	Ind		What test confirmed diagnosis?	00	en autopsy?
15. MAIOEN NAME Sol	die Elle	st		uses (VIOLENCE) fill In elso the folio	
15. MAIOEN NAME Sol	Crapo		N .	Data of Injury	
∑ (Stata or country)	ghd		Where did injury occur?		
17. INFORMANT Soldie	Elliott			(Specify city or town, county and n INDUSTRY, in HOME, or in PUBLIC	State)
(Address) 230 My	1 St Comb	onlye the		John Home, of His Obell	TENUE.
18. BURIAL, CREMATION, OR REMOVAL	0	110	Mannar of injury		
Place Waryh (el	Date 2	41. 13, 19.30	Natura of injury		
19. UNOERTAKER Of alse	a. Yol	eles	A .	yay related to occupation of deceased?	_
(Address) Cc.	wherely 6	mel.	If so, specify		
20, FILED 9-12 1935	John:	moul	(Signed) Carrol	1 M Ot Clair	
		Registrar.	(Address) Ch	impuly And	

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Example I		Example II		
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Chronic interstitial nephritis 77 7 1005	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BIDEAU V. S	3.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

9836

I. PLACE	OF DEATH			82-0	2.0
County	County Dorchester			Registration Dist. No.	16
Village of	city cambrid	ge		No. Eastern Shore State Hospitagt.	Ward
Length of r	residence in city or town whe	re deeth occurred	yrs, 8 mo	f death occurred in a horpital or institution, give its NAME instead of street and s	number)
2. FULL N	AME Thomas	Fmorv			
	dence: No. Centrev		e of abode)	St., Ward. If nonresident give city or town and	d State
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	OR DIVORC	RRIED, WIDOWED, ED (write the word) dowed	21. DATE OF DEATH September 21, (Month) (Dev)	, 1935 (Yeer)
5e. If married, wid HUSBAND of	dowed, or divorced				
(or) WiFE of		eth Warfie	ld	January 16, 19 35, to Sept.21,	deceesed from
6. DATE OF BIRT	H (month, day, and year) \mathbb{N}	ovember 11	, 1869	i last saw him_ elive onSept. 21,, 1935	_; deeth is seid
7. AGE	Years Months	Deys	if LESS than	to heve occurred on the date stated above, at $6:25$ Am.	
65	10	10	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	Date of onset
10. Date dece this or year)	(orey or commy	ago sp reville	time (yeers) ent in this supation <u>Life</u>	Other Coatributory Causes of Importance:	taneou
(Stete or c	Thomas Em	Md.		Gerebral arteriosclerosis	2 yrs
1.	ACE (city or town)Cen	treville Md.		Neme of operation Dete of What test confirmed diagnosis? Wes there en	
15. MAIDEN	NAME Mary Wrig	ht		23. If death was due to external ceuses (VIOL ENCE) fill in elso the followin	
(State		Centrevi Hospital F	Md. Records	Accident, suicide, or homicide? Dete of injury Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite)
(Address) 18. BURIAL, CREM	TATION OF DEMOVAL	ambridge, Mote 9/	10d.	Manner of injury	
19. UNDERTAKER (Address) 20. FILED	Barton 21,1935	Ann	me me	24. Wes disease or injury in any wey related to occupation of deceased? In it so, specify (Signed) (Signed) (Signed)	QM. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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1	m	Ü	TION is very important. See instructions on back of certificate.
N. B.—WRITE PLANIY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
_	1	1)
	-	- 1	1

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	9837
1. PLACE OF DEAT	rH ester			(82-G)	
CountyB	rookview	/		Registration Dist. N	10. 110
Village or City				No.	St., Ward
Length of residance in cit	y or town where das	th occurrad Englis	23 _{vrs} mos	If death occurred in a hospital or institution, give its NAME insteads. How long in U.S. if of foraign birth?	/rsds.
2. FULL NAME					
(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give cit	y or town and State
PERSONAL AN	D STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLO	nor RACE		RIED, WIDOWED,	21. DATE OF DEATH	2 I935
5a. If married, widowed, or divormal HUSBAND of Ethe	l Englis	sh		22. I HEREBY CERTIFY. In	
6. DATE OF BIRTH (month, day	Sen	t 29.	I866	1 1-4	, 19 3 death is sald
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stetad above, et 8 2 2 m	
68	II	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of in were as follows:	portance
8. Trada, profession, or pe kind of work done, SAWYER, BOOKKEE	rticular as SPINNER, PER, etc			and Thronborg	Date of onset
kind of work done, s SAWYER, BOOKKEE 9: Industry or businass in work wes done, as SAW MILL, BANK, e	which ILK MILL, Fa	rmer			
10. Date dacaased last wor this occupetion (more year)	ked at ith and	11. Total i	tima (years) ent in this upation		
In DIRTHRI & Cr (silver Asse)	Md			Other Contributory Causes of importence:	-
IZ. BIRTHPLACE (city or town). (State or country)				-	
# 13. NAME James	English				
13. NAME JAMES 14. BIRTHPLACE (city or to	wn) Mđ			Name of operation	Data of
	izabeth	Howard		What test confirmed diagnosis?	
15. MAIDEN NAME El	Md wn)			23. If death was due to external causes (VIOL ENCE) fill in als Accident, suicide, or homicide? Date of	
17. INFORMANT Ethe	l Englis			Whare did injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE.
(Mudicas)				- Manner of Injury	
18. BURIAL, CREMATION, OR R Brookv	lew	Date Sep	t 24, 193	Nature of injury	
	Gravenor		,	24. Wes disease or injury In any way related to occupation of	
19. UNDERTAKER Sh. (Address)	arptown,	Md.		If so, specify	5
20. FILED Sept 23, 1	935 JW	Maste	195 Raide	(Signad) Hechloe	M. D.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example II	
The principal cause of death and rela of importance were as follows:	ted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1009 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 8, 1927	Perilonilis	3 days ago
Other contributory causes of importan	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 9839
1. PLACE OF DEATH		161-0)
County Unahed	is	Registration Dist. No. 1/2
Village or City Terms	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No	Curred yrs mos	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF BEATH /7 , 1935 - (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	· The state of the	22. I HEREBY CERTIFY, That attended daceased from
6. DATE OF BIRTH (month, day, and year) Seed	15.1935	I last law have alive on Sept 17 1, 1936; death is said
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc		Atilelaus
10. Oata deceased last workad at this occupation (month and yaar)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Transparent	a eti Md	Other Centributory Causes of importance:
13. NAME George W. Fix 14. BIRTHPLACE (city or town) - Views (State or country)	he	Name of operation
15. MAIOEN NAME Medsed 16. BIRTHPLACE (city or town) (Stata or country)	na	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 13. BURIAL, CREMATION, OR REMOVAL Place 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	te Sept 18 1935	Manner of injury
19. UNDERTAKER Father busies	schild	Natura of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Left 18 , 198 6 : Eliga	helf or braft	(Signed) A.D. M.D. (Address) A.L. C. T.L. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis - 1035	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis '	3 days ago
BUREAU	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis 7 1900	1921	Run over by street car	1 week ago	
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BUREAU V. J.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			7	

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Exact statement of OCCEPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 9841
1. PLACE OF DEATH	to the state of th
· county Dorchester	Registration Dist. No.
Village or City Cambered of well	No. Denglos 51 st., Wa
2.4	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	mos. ds. How long in U. S. if of foreign blighty common mos. mos. mos.
2. FULL NAME / Inlus fastle	If U.S. Veteran specify WAR. My Labrage
(a) Residence: No. Decolor 54.	St., Ward.
(Paual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEE OR DIVORCED (write the word Colored Notice)	9 7 1025
5a. If married, widowed, or divorced 14 by wind	
(or) WIFE of Gunler Stwallor	22. I HEREBY CERTIFY. That I attended deceased f
101-24-1912	1932 , 1932
6. DATE OF BIRTH (month, day, end year)	I lest saw h Less elive on 9 6 ,1955 ; death is
7. AGE Years Months Days If LESS that I day,	
min.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Labour SAWYER, BOOKKEEPER, etc.	hobar framong. Dura- f-b-
- 1 1 2 4	tions five days a live
9, Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year) year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Sanbendyl wd	Other Contributory Causes of importance:
(State or country)	over
13. NAME Damill fastile	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Bessil Call 16. BIRTHPLACE (city or town) Combered of my	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Combended my	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT EMPLY foster (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place bell Mellore Sept 019	Nature of injury
10 HAUGESTANES GLASS AL Secretaria	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER deling to Cambridge (Address) Cambridge was	If so, specify AA
9-10 35 Jahr my &	(Signed) A Boyel
20. FILED. 1. 10. 3. Registra:	(Address) A of A Done of A A A A A A
the second secon	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADD:	ITIONAL SI	PACE FOR	FURTHER	STATEME	ENTS BY PI	HYSICIAN	
Correction	of Item	n #22 t	o Sept	. 6 by	letter	filed	9-20-37
in	Rungou	Tettt	Statiet:	leg und	en DR	ROYER	

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1. PLACE OF DEATH	
County Doubleston	Registration Dist. No. // 6
Village or City Casa Andrew M. Length of residence in city or town whera death occurred 1 4 yrs.	No. St., W. (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME	Mos. ds. How long in U.S. if of foralgn birth? yrs. mos.
(a) Residence: No. (Usual place of abode)	Mos. ds. How long in U.S. if of foralgn birth? yrs. mos. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) Copy 19 19	1 last saw have alive on Alf L. S., 1945; death is
	LESS than to have occurred on the data stated abova, at 2. 75 Pm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ti Coute Murocard For
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacassed last worked et bis occupation (month and	
10. Date dacaasad last worked et this occupation (month end spent in this occupation crupation	s)
12. BIRTHPLACE (city or town) Caroling (State or country)	Other Contributory Canses of Importanca:
	not die to consen hie to adhesions, from an
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Clarence Was there an autopsy? A 23. If deeth was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT ME Edward Brus	Whare did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Care May My Date My 50	Natura of injury
19. UNDERTAKER LAND E. March C. (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 9-30, 1935- John 2000	(Signed) De Museum N
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Example I	2.5 (2.00)	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 007 7 193		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis OCI 7 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos.____ds. ds. MITHIN COMPORATE LIMIT 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (write tha word) (Day) (Yaar) 5a. If marriad, widowed, or divorcad HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, et The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last worked at 11. Total tima (years) this occupation (month and spent in this occupation ____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ... Nama of operation. (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Data of injury______ 19 16. BIRTHPLACE (city or town) (Stale or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify _. Registrar.

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Other contributory causes of importance:	1000000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED

YSICIANS Exact assified C may bluods that terms, plain efully. in DEATH should OF AUSE

1. PLACE OF DEATH 82-01 should County Registration Dist. No. Village or City f death occurred orpital or institution, give its NAME instead of street and number) U.S. If of foreign birth? Length of residence in City or town where death open statement 2. FULL NAME Ward. Sasay (a) Residence: No If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR D. VORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate If LESS than 7. AGE Months Davs 1 day, ____hrs. The BRINCIPAL CAUSE OF DEA or____min. Trade profession, or particular OCCUPATION and of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et 11. Aotal time (years) on spant in this this occupation (month and occupation year) instructions 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME See FAT 14, BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis HER important. 15. MAIDEN NAME (VIOLENCE) fill in also 23. If death was due to external cause MOT Accident, suicide, or homicide 16. BIRTHPLACE (city or town (State or country) Where did injury occup! city or town, county and State) corred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury NO 24. Was disease or injury in eny 1/2 related to occupation of deceased UNDERTAKER (Address) If so, specify (Signed) 5 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	xample I	1.	Example II	
The principal cause of dea of importance were as foll	ows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

82

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Year)

Date of onset

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Chronic interstitial nephritis.	001 7 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	7921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

	-WRITE PLAKELY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	y it	S	nt of	
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TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
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1.	PLACE OF DEA	ТН			(120)	9847
	County Dorche	ster			Registration Dist. No. II6	
	Village or City	Jambridg	e R. F.	D.	NoSt.,	Ward
	Length of residence in	city or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrsm	
2.	FULL NAME					
	(a) Residence: No.	0			St., 5 Ward.	
-					If nonresident give city or town and	State
3. SI	PERSONAL A	OR OR RACE		RIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		nite		D (write the word)	Sentember I5th.	1935
-	f married, widowed, or div		1 TOOW	C.C.	(Month) (Day)	(Year)
	HUSBANO of (or) WIFE of Late	Oliver	Horsema	n.	22. HEREBY CERTIFY, Thet I attended	deceased from
		TO	14/185	77	September 12 1935, to Sept 15	, 19=4
7. A	ATE OF BIRTH (month, do	ey, and year) 10 Months	Deys	If LESS than	to heve occurred on the dete steted above, et 7 . 50 Pm. 1.	; death is said
	רו קיו	TT	Т	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	,
z	8. Trede, profession, or kind of work done	perticular		· Viceseaniiii.	A	Date of onset
2	SAWYER, BOOKKE	EPER, etc	N ne		Calitis	9-8-35
OCCUPATION	work was done, as SAW MILL, BANK,	SILK MILL,	X			
8	10. Oete deceesed last we this occupation (m	orked et	11. Total t	ime (yeers) nt in this		*
	yeer)		Ocel	upation	Other Coutributory Causes of importance:	-
12.	BIRTHPLACE (city or town (State or country)	, Dorche	ster Co	•		
œ	13. NAME John (C. Beard	11.00		Demility	
E		Dono	hester	Co.	was now	
FA	14. BIRTHPLACE (city or to (Stete or country)	town)	Md,		Name of operation Dete of What test confirmed diagnosis? Wes there an	auloney? 140
ER	15. MAIOEN NAME H	enrietta	Slacum		23. If death was due to external ceuses (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or	town) Doro	chester	Co.	Accident, suicide, or homicide?O Dete of injury	, 19
Σ	(Stete or country)		Md	•	Where did Injury occur? (Specify city or town, county and Sta	te)
17. 1	MIONMANI	Malber M	lills.	174	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. E	BURIAL CREMATION, OR	REMOVAL	1. 1 . 1	1.1.4.	Manner of Injury	
	PlacCambrid	ge, Md.	Oete9/1	7/35.19	Nature of Injury	
19.1	NOERTAKER Gran	ville S.	LeComp	te.	24. Wes disease or Injury in any way releted to occupation of deceased?	0
		bridge	Md.		If so, specify	
20. 1	TILEO 9-17	1935	Mush	noup	(Signed) (Signed) (Address) Carebala Md	M. D.
		//	blanks are needed,	Registrar.	Λ	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 9848
1. PLACE OF DEATH	
County Marchister	Registration Dist. No. // O
Village or City Heurlock	No. St., War
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Still Barn at	-3. munilar Hickory
(a) Residence: No.	St Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
5e. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, end year) Sept 419,30	I lest saw h alive on
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at 1/3 Pm.
Sell Barns at 3 morst train	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8 Trade profession or particular	Oate of one
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occuration (month and	- / Succession - I was a succe
work was done, as SILK MILL, SAW MILL, BANK, etc	
To. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John a Klistis	
13. NAME AW Q ALESTO	Name of operation Date of
(State or country) Maryand	What test confirmed diagnosis?
15. MAIDEN NAME Berthe Blaridge	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Sertha Blaridge 16. BIRTHPLACE (city or town) (State or country) Many Sand	Accident, suicide, or homicide?
Green of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Ly lock ma	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Place Hersburg na Oete Sept 5, 1930	Neture of injury
19. UNDERTAKER John a Hugh	24. Was disease or injury in any way related to occupation of deceased?
S. A. L. S. COO. 111 Ha lanes	If so, specify (Signed) A CLANA & Johnson M.
20. FILEO DE TO DE 193 CLAS VI PACCESTATA.	(Address) In the measure in

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCI	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	9849
1. PLACE OF DEATH 92-a	
County (Registration Dist. No. / 16)
Village or City (If death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city of town where death occurredyrs	
2. FULL NAME Trank Hughes	
(a) Residence No. 11 nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	- 1
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word)	4-193 5
5a. If married, widowed, or divorced (Month)	(Year)
The state of the s	d deceased from
6. DATE OF BIRTH (month, day, and year) (2001) 1 last saw and size alive on 1000 1900	19.33
6. DATE OF BIRTH (month, day, and year) / O I last saw dive alive on O 19. 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at O m.	death is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Toda profession or particular	Date of the
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	avail
SAW MILL, BANK, etc.	1/13
10. Date deceased last worked at this occupation (month and year)	Solon
12. BIRTHPLACE (city or town) Dorchester & Other Cantributory Causes of impartance: (State or country)	1/4/3
	14/2/-
13. NAME No augormation Name of operation Date of Date	200
(State or country) What test confirmed diagnosis? Was there as	autorio
15. MAIDEN NAME 15. MAIDEN NAME 23. If deeth was due to external causes (VIOL ENCE) fill in also the following	107
16. BIRTHPLACE (city or town) 1. Date of injury	2780
Where did Injury occur?	ate)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury Manner of injury	
Place Velex viva Mac Date de T. 17 1935 Nature of injury Day	
19. UNDERTAKER (Address) The deval forces, and If so, specify If so, specify	10
20. FILED Sept 17, 19 20 Chus W Hoshing (Signed) (Signed) (Address) (Address)	74 D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.	-

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N SUPEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 V		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot
Arteriosclerosis CT	1915	Attack of Epilepsy	1 week ago
Chronic interstitial negaritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage BURE	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	
,			

V. S. No. 1 N. B.-

of OCCUPA-See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 9851
1. PLACE OF DEATH	<u> </u>
County Dorchester	Registration Dist. No. 119
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
$\mathcal{O} \cap \mathcal{O}$	ads. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby of gives	
(a) Residence: No	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 2 Locate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 16, 1935	l last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	Died Defore Burly
kind of work done, as SPI NNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cand Constitution
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Zulingatis (State or sountry)	Other Contributory Causes of Importance:
	_
14. BIRTHPLACE (city or town). It ingates	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hory a Windson	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Doy a Windson 16. BIRTHPLACE (city or town) Dringates (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT James M. James W. (Address) Atmastes and	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mila Oate State 1, 1950	Nature of injury
19. UNDERTAKER James M Lewis July atter)	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wing des 9nd.	(Signed) Wilay Don Chel Loral Beg M. D.
20. FILED Sept 12 , 1935 Willow D. Vrulled Registrar.	(Address)
and the state of t	,,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Acad Section of the Section of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			9.

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

of OCCUPA-

Exact statement

IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY.

ARGIN RESERVED UNFADING INK—THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1 N. B.—

FOR BINDING

1. PLACE OF DEATH	
County Dorchista	Registration Dist. No.
Village or City Cambudge ml	No. St Ward
// 17	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?Syrsmosds.
2. FULL NAME Typ . Land fam	he Conter " "
(a) Residence: No. 204 Auroffa (Usual place of abode)	St., Ward. If nonresident give city or town and Spate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (partie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of James he Carlu	1 HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month day, and yeer) Pull 6 1872	I last saw her alive on Sept 10 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & 32 Pe.m.
62 8 24 Idey,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hypertensive Cardio-vascular renal discoss Curgo Date clonet
9. Industry or business in which	disease ?
work wes done, as SILK MILL, SAW MILL, BANK, etc	- Cerebral apoplexing July 9,193
10. Date deceased last worked at this occupation (month and year)	Stawation of Such July 9,1
The distance of the second of	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Was not taken any where hand
13. NAME Samuel Sulton	Otterion school (choose) museaudities Duration;
	Neme of operation who well and the of
14. BIRTHPLACE (city or town) Doublety Co:	What test confirmed diagnosis? Cleuecal Wes there en aulopsy? No
15. MAIDEN NAME	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? 74. Date of Injury 19
Stete or country)	Where did injury occur?
17. INFORMANT Me Me Cantry (Address) Country on	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece awholyc, Date Myll 1, 193	Nature of injury
19, UNDERTAKER Trank S. Albargh	24. Was disease or injury In any way related to occupation of deceased? The lf so, specify
5/121 35 Caled 201	(Signed) Wyle M Jaw M.D
20. FILED 19 Recitivar.	(Address) Coulmbe, Wd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes Deterof onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage Julu 5 1927 Peritonitis 3 days ago 品目最后At Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

-WRITE

N. B.

should state

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

9254

1. PLACE OF DEATH County Darchester	(Imag)	0001
County Parchester	Registration Dist. No. //	
Village or City Lafresville	NoSt.,Stead or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Juliah & Ma	lock	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	iate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR D. VORCED ("prize the word) If married, widowed, or divorced	21. DATE OF DEATH Section 27 , 1 (Month) (Day)	193.5 (Year)
HUSBAND of Gaward molock	22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) 145 1854	0 0 1	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
82 80 . 11 10 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH SHOT FEIGURE CAUSES OF Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House week SAWYER, BOOKKEPER, etc	Proces - processing	9-21-35
kind of work done, as SPINNER, However the SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end this occupation (month end spant in this sequenting).		
10. Date deceased last worked et this occupation (month end year)		
12. BIRTHPLACE (city or town). Lake will was	Other Contributory Causes of Importance:	9.15-3
(State or country)		
13. NAME Habert Plotte 14. BIRTHPLACE (city or town) Loodsmill (State or country)		
14. BIRTHPLACE (city or town) Loodsmill	Name of operation Dete of	
(State of country)	What test confirmed diagnosis? Was there an eu'	opsy?
15. MAIDEN NAME Latter Jelly 16. BIRTHPLACE (city or town) Lake will (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
5 16. BIRTHPLACE (city or town) Sake hull	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Elicous Elicutt	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC)E.
(Address) Lakewille and		
18. BURIAL, CREMATION, OR REMOVAL SIGN 30	Manner of injury	
9 . 8	Nature of injury	
19. UNDERTAKER OLIVES STAYMEUM	24. Wes disease or injury in any way related to occupation of deceased?	
(Address) wombinedge Ma	If so, specify	
20. FILED SEAT 30, 1932 Mrs IT. J. Course	(Signed). Allow (Address) Romania La	M. D.

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	Example I	To Administra	Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	hritis O	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

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Example I		1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jul	y5,1927	Peritonitis	3 days ago
HURPAU V S.				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	Ma	y 1,1923	Gastroenteritis	1 year

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M		PHYS
	RECORD	d EXACTLY,
	1	stec

PLACE OF DEATH County Dorchester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

Village		Cambridge,	R.D. Neld.	St.: War	d) (If death occurred in a hospital or inetitution, give its NAME instead of etreet and number.)
	PERSONA	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	le	4 color or RACE Colored.	SSINGLE, Married. MARRIED, WIDOWED. OR DIVORCED (Write the word)		(Day)(Year)
6 DAT	E OF BIRTI		Oth., 1861.	Sept., 5th., 1975 to Se	pt.,5th.,1935.,5th.,1935.
7 AGE	UPATION	74 yre, 4	mos. O ds. or min.?	The CAUSE OF DEATH * was as follows: Chronic Interstitial	
(b) (busing which	General nat	Bli Pind	ter County, Md.	Contributory Secondary (Signed) (S	h, or, in deaths from
A 15	MAIDEN NOTHE BIRTHPLA OF MOTHE (State or	NAME UNKNOW		Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For the sients or Recent Residents) At place of death	
	nformant)	Martin Pir	T OF MY KNOWLEDGE nder.(Son.* ge, R.D., Md.	Former or usual residence	DATE OF BURIAL 9/10/35., 19
15 Fil	ed 9/8/	35. 192 Ely		20 UNDERTAKER H.M. Sinclair, r, 16 W. Saratoga St., Balto., Requesting V	Cambridge, Md

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illuess. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Stitement of Cause of Dearh—Name, first, the Disease Causing Dearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only Cefficite synonym is "Epidemic cerebros in all menications,"; Diphtheria avoid use of "Croup"); Typhoid for (inver report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently fied. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Mcusles (disease letayus) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemio," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., American Medical Association.) approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopmeumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary may be stated under the head of "contributory." Never report mere symptoms or terminal condiinterstitiol nephritis, by Committee on Nomenclature cough; Chronie or intercurrent) affection need not be Corcinoma, etc. valvular heart discose; The Sarcoma,, etc., of contributory

V. S. No. 1 N. B.—

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9857
1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. 10
Village or City Mr Rhoder date	No. St War
Length of residance In city or town whare death occurrad vrs m	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Stillfith - Pink	att.
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sull barn at 6 weeks 193 5 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. PREBY ERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	I last saw , 19; daath is sa
7. AGE Years Months day,hrs	was as follows: Or DEATH and falated causas of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of ones
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et this occuration (month and	
10. Data deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Mr. Rhodes (Stata or country)	Other Contributory Causes of importance:
13. NAME Unknown	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hattre Pinkett	23. If daath was dua to axternal causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Fattle Pintett 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date , 19	Nature of injury
19. UNDERTAKER LAUSLY June (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Sept 23, 19:35 Chas W House	(Signed) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	1	Example I
The principal cause of death and related causes Date of onset of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
Attack of epilepsy 1 week ago	1915	Arteriosclerosis
Run over by street car 1 week ago	1921	Chronic interstitial nephritis 1933
Peritonitis, 3 days ago	July5,1927	Cerebral hemorrhage OCI
		BUREAU
Other contributory causes of importance:		Other contributory causes of importance:
Gastroenteritis 1 year	May 1,1923	Gallstones
Run over by street car 1 wee Peritonitis 3 day Other contributory causes of importance:	1921 July 5,1927	Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTH	
or information in se	a see first certificate
(s) ···	

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14.0	LI, WITH UNFADING INK-THIS IS A PERMANENT	carefully supplied. AGE should be stated EXACTLY	TH in name to that it may be properly placeified
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See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester Registration Diet No.

3. SEX 4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 5. If married, widowed, or divorced HUSBANO of (or) WIFE of Lena Reed 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH Saptember 19, (Month) (Oay) 22. I HEREBY CERTIFY, That I a August 19, 19.35, to Sept. 1 1 liest saw h im alive on Sept. 19, 1 1 to have occurred on the date stated above, at 2:50 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of important were as follows: Cerebral arteriosclerosis 10. Oate deceased last worked at lists occupation (month) and year) 10. Oate deceased last worked at lists occupation (month) and year) Leipsic Other Contributory Causes of importance:	tlended deceased from
Male White OR DIVORCED (write the word) Married Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of Lena Reed 6. DATE OF BIRTH (month, day, and year) December 12, 1867 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER General store SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER General store 9. Industry or business in which work was done, as SILK MILL, OWN SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and ago occupation) 11. Totel time (years) spent in this 35 yrs occupation (month and ago occupation) Other Centribatory Causes of importance:	(Year) Itended deceased from 2,, 1935. 1935.; death is said
HUSBANO of (or) WIFE of Lena Reed 6. DATE OF BIRTH (month, day, and year) December 12, 1867 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. General store Cerebral arteriosclerosis 9. Industry or business in which work was done, as SILK MILL, Own SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this 35 yrs occupation (month and year) 12. I HEREBY CERTIFY, That I a August 19, 19 35, to Sept. I	9, 35.; death is said
7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER General store Cerebral arteriosclerosis 9. Industry or business in which work was done, as SILK MILL, Own SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this 35 yrs occupation (month and year) 12. Total time (years) occupation (month and year) Other Centribatory Causes of importance:	Data of onset
8. Trede, profession, or particular kind of work done, as SPINNER General store Cerebral arteriosclerosis 9. Industry or business in which work was done, as SILK MILL, Own SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and ago occupation occupation) 11. Total time (years) spent in this 35 yrs occupation Other Centribatory Causes of Importance:	
loimeio.	
(State or country) Del.	******
13. NAME John Raymond 14. BIRTHPLACE (city or town) Leipsic Neme of operation Date (State or country) Del What test confirmed diagnosis? Was the	
15. MAIDEN NAME Elizabeth Snow 16. BIRTHPLACE (city or town) Smyrna (Stete or country) Del 23. If death was due to external causes (VIOL ENCE) fill in also the facility of injury. Where did Injury occur? (Specify city or town, country)	ollowing:
17. INFORMANT Res. S. Hospital Records (Address) Cambridge, Ma. 18. BURIAL, CREMATION, OR REMOVAL Place Process Specify whether injury occurred in INOUSTRY, in HOME, or in PUB Menner of injury Nature of injury	

B.—WRITE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	_ 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 007 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	- 0
1. PLACE OF DEATH	38 (34)) 3
county Dorchesler	Registration Dist. No.	
Village or City Cambridge		/ard
Length of residence in city or town where death occurred	death occurred in a ho-pital or institution, give its NAME/instead of street and number) ds. How long in V.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Denry Ride	out	
(a) Residence: No. 3 Mogre aue	St., Ward.	
(Usual place of ahode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mall Colored Married.	21. DATE OF DEATH Section (Month) 2 (Year (Year)	r)
5a. If married, widowed, or divorced HUSBAND of (of) WIFE of Estella Rideout	22. I HEREBY CERTIFY That I attended deceased Character 18, 1935, to Section 25, 193	from
6. DATE OF BIRTH (month, day, and year) Lan 1. 1885	I last saw h in elive on 9 3 tt. 25 ,1975; death is	said
7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 4	
50 mys 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	neet
Trade profession or particular	1. my ocardial forbere 9-10	2-134
A SAWYER, BOOKKEPER, etc. 9: Industry or business in which work was done, es SILK MILL. That was held work was done, es SILK MILL. That was held work was done, es SILK MILL. That was held work was done, es SILK MILL. That was held work was done, es SILK MILL. That was held work was done, es SILK MILL. That was held work was done, es SILK MILL. That was held with some was some with this country to many the most was a sent in this spent in the spent in the spent in this spen		
SAW MILL, BANK, etc		
this occupation (month end by ago spent in this 25 occupation 25	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Condtown md	1. acute asimany retention 8-1	7-19
(State or country)	2.25 reflicion Just	you
14. BIRTHPLACE (city or town) Good town Md	3. Cartin-varaday renal della yay	reso
(State or country) Lon Charter Country	Name of operation such as Tyline Conflict Date of Clary.	
	What test confirmed diagnosis? What test confirmed diagnosis? Was there an au 6psy?	LA
15. MAIDEN NAME Elizabeth Hackott 16. BIRTHPLACE (city or town) On town Mol	23. If doath wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19	
(State or country) Dorchester loury	Where did injury occur?	
17. INFORMANT Estella Redeatt (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMOTION, OR REMOVALO NO CONTRACTOR SCIENCE	Manner of Injury	
Place Cambridge Madoate Sept 29, 19 35	Nature of Injury	
19. UNDERTAKER LOWIS Hoanger of Cambridge	24. Was disease or injury in any way related to occurpation of deceased?	
O. FILEO 9-29, 1935 Eva & Slaceen Deputy Registrar.	(Signed) Freedenil Simmons	M. D.
If more blanks are needed address State Registrar	2411 N Charles Street Baltimore, Requesting T) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA.	N
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA.	Ļ

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(Address)

(Addrass)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

Cambridge.

New Mkt. MdDate 9/30/35.

Canbridge. Maryland

Granville S. LeCompte

OCCUPA-

Jo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury

Nature of injury.

If so, specify

24. Was disease or injury in any way ralated to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory course of importance.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	CATEMENTS BY PHYSICIA	IN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	119		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Dorohester,	Registration Dist. No. //
Village or City Hurlock	NoSt.,Ward
Length of residence in city of lown where death occurred yes mos 2. FULL NAME A LOW G SHOOT SHOT SH	death occurred in a horpital or institution, give its NAME instead of street and number) de. How long In U.S. if of foraign birth?
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR CED Some the word)	21. DATE OF DEATH 2/, 193 5 (Mop(h) (Day) (Year)
5a. If marriad, widowed, or givorced HUSBAND of Cor) WIFE of College Short	22. I HEREBY CERTIFY, That I attanded deceased from 9/1/35, 19, to 9/2/ 19 3 5
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Mounts Days If LESS than 1 day,ehrs.	I lest saw h elive on 9/20, 1935; deeth is said to have occurred on the date stated above, at
8. Trade, profession, or particular- kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	ware as follows: Date of onset Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME GLORGE & Lord	
13. NAME Story C Local 14. BIRTHPLACE (city or ASWn)	Nama of oparetion Data of
(State of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME TOTAL 16. BIRTHPLACE (city or town) (Stete or dountry) 17. INFORMANT (Address)	23. If death was due to axtarnal ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PICTURE AND MAIN Date 17 1931	Menner of InjuryNature of injury
19. UNDERFÄKER FOR SWELLOW GAGGESS) (Address) Left R. R.	24. Was disease or injury In eny wey ralated to occupation of deceased? If so, specify
20. FILED SAFT 2 a , 19 33 Chars W Hadling Registra. If more blanks are needed, address State Registrary	(Signed) Alloger Mylrs M.D. (Address) Aucht M.D.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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0		V	()	

1. PLACE OF DEATH	79.0
County Corchester	Registration Dist. No. / 10
Village or City Hear Fuchville	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cara Amiles	
Ma I I Land	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
Temale Colored OR DIVORCED (corrice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of downs) Smiles	22. HEREBY CERTIFY, That I attended deceased from
11/4	19.5
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last yaw h alive on, 19; death is said
7. AGE Years 34 Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Tulurulosos of
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	fungs.
U 10. Date deceased ast worked at 11. Total time (years)	
o this occupation (month and 1937 spant in this occupation.	2
Marche oto Co +	Other Coatributory Causes of importance:
(State or country)	
E 13. NAME Peter Ceshas	
14. BIRTHPLACE (city or town). Dorchester County	Name of operation
(State or country) Marchand	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clinas Bolden	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clina Bodden 16. BIRTHPLACE (city or town) Obyghesta Seatty	Accident, suicide, or homicide?
State or country) Maryland	Where did injury occur?
17 INFORMANT Kouis Andblo	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Flack alshura Mid R. T. V.	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lokesbury MA Date Alpt: 12, 1935	Nature of injury
1. Manual -	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER STORY OF A CARD A CARLOS OF A CARDON OF	If so, specify
Jan 20 20 A. July 11	(Signed) A. G. G. M.
20. FILED PATT 19 33 MAN FREE PROPERTY OF THE REGISTER.	(Address) Hunland Mark
	, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Marie AU 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3864
1. PLACE OF DEATH	3
County Marchelle	Registration Dist. No. 113
Village or City Island Rus Hull.	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Slaully	Gullerth
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (wrig the word)	Leht 27 1003 to
5a. If matried widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 2 4 100	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Sept. 27,1935	I last saw h alive on, 13, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
0 0 0 1 day, - Q hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dullbon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
2 10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) - Salden Jule	Other Contributory Canses of importance:
(State or country)	
13. NAME Casebla H Stander	
13. NAME Joseph H Stanley 14. BIRTHPLACE (city or town) Isalder Hele	
(State or country)	Name of operation
15. MAIDEN NAME Hattie m STANAROLO	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hattie m Starslages, 16. BIRTHPLACE (city or town) Laden Field	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Laldeur Full (State or country)	Accident, suicide, or homicide?
Sarah e M. Thursday	(Specify city or town county and State)
17. INFORMANT Schall & Bullington	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL. NO.	Manner of Injury
Place Salden Hell Date Sept 27, 1938	Nature of Indian
0: 11 11	
19. UNDERTAKER Jackh IT Slevely (Address) Isolam Jack Mad	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) In Mered to feel Rea
20. FILED A Child	(Abdress) Tarroris Isla And
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CE VE	1915	Attack of epilepsi	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCT 5 1905	July 5, 1927	Peritonitis	3 days ago	
BURLAUVE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	E OF DEA	TH	I MIMIN	LAND	- III	OI DEATH	
County	Dorch	ester			~	Registration Bist. No. II	6
Village	or City	smbrudg	e, Md.		No. X	St.	Ward
Length	of residence in c	ity or town where	death occurred		s. I 6ds. How long in U.S. if o		mosds.
2. FULL	NAME_	Richard	Tyler S	tewart		*	
(a) Re	sidence: No.4	I3 Hugh			St., 4 Ward.	If nonresident give city or town	,
PERS	SONAL AN	ND STATIST	(Usual place		MEDICAL C	ERTIFICATE OF DEAT	
3. SEX		or or race	5. SINGLE, MAR OR DIVORCE Infan	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Septe	mher I6th	, 193.5 (Year)
5a. If married, HUSBAND (or) WIFE	widowed, or div		nt ·		22. I HEREBY	CERTIFY, That I atter	nded daceased from
6. DATE OF BI	RTH (month, da	v. and year) 7	/30/193	5	I last saw h alive on		death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data state	ed abova, at A. Mem.	
	X	I	I6	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causas of importance	Date of onset
O kin	profession, or p d of work done WYER, BOOKKE ry or business i rk was dona, as W MILL, BANK,	, as SPINNER, EPER, etc	Infant		- Maraamus Bairrary Course: Go		for
	leceased last wo	rked at	spe	ime (years) nt in this upation	- T		
	CE (city or town or country)	Cambr	idge,		Other Contributory Causes of Impo	ortance:	
TI 13. NAME	Talvin	C. Stew	rart.				
L (SI	tata or country)	own) Camb	7.5	·a		Oate	
15. MAIDE	N NAME S	ylvia Ty	ler		23. If death was due to external ca	uses (VIOL ENCE) fill In also the foil	owing:
15. MAIDE 16. BIRTH (SI	PLACE (city or t tate or country)	own) Hoope	rsville	Md	Accident, suicide, or homicide? Where did injury occur?	Date of injury	
		in C. St			Specify whether injury occurred i	(Specify city or town, county ann INOUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CR	REMATION, OR	REMOVAL			Manner of injury		
Place, a	ambrid,	ge, Md.	Date9/_1	7/35.19	- Nature of injury		
19. UNDERTAK (Addre		nville Sambrudge		pte.	24. Was diseasa or injury in any w	vay related to occupation of deceased	1?
20. FILEO. 9.	-17.	193.5	Musi	mous Registrar.	(Signed) Address) Ca	Mereles D	M. D
		If more	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, R.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 97 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	upod .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state 'DING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supp. a. AGE should be B.—WRITE PLA

ARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(48)
County	Registration Dist. No.
Village or City	No. St., We (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs.	mosds. How long In U.S. if of foreign birth? yrs mos
(WILLIE) Theelin m The	1/4
2. FULL NAME	****
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	, 193
. If married, widowed_pr divorced Sta	(Month) (Day) (Year)
HUSBAND of fate Essange Thomas	1 HEREBY CERTIFY, That I attended deceased f
DATE OF BIRTH (month, day, and year) 2/8/1869	lest saw han alive on 18 18 1935; death is:
AGE Years Months Days If LESS than	to have occurred on the date steted above, at
66 7 11 1 dey,	The Tailette AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	· (Comment of the 2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	utem .
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
Devolut. C.	Other Contributory Causes of Importance:
BIRTHPLACE (city or town) (State or country)	Street Misters 5
13. NAME Hand Francis andy	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
(Address) Rolling me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Callace Melate 9/21, 133	Neture of injury
UNDERTAKER SSLC The (Address)	24. Wes disease or injury in any way related to occupation of deceased?
(numero)	If so, specify
0. FILED 7 - 20 , 1930 John mous	(Signed)
Registrar.	(Add ss) Canada My MM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2 0	3 days ago
		5 E E	
Other contributory causes of importance:		Other contributery causes of importance:	
Gallstones	May 1,1923	Gastroenterais	1 year
		14	
			I

V. S. No. 1 B. of OCCUPA-

County Corchecter	Registration Dist. No.
Village or City Sed Ketary	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (wife the work) Whete Whete	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. DATE OF BIRTH (month, day, and year) July 14 1870 7. AGE Years Months Days If LESS than	22. HEREBY CERTIFY. That Lettended deceased from 1955 to 1955; death is said to have occurred on the date stated above, at 1955.
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of once
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) (State or country)	Other Contributory Causes of importance:
13. NAME / CELLANY COLLEGE 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Jeweritte, lekerem and 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ALL MAN Market Acht 39,19 3.5	Manner of injury Nature of injury
19. UNDERTAKER H. H. Willoughly (Address) E. n meinet	24. Was disease or injury in any way related to occupation of deceased?
20. FILED S. J. D. 1935 Tt. E. Casnes Registrar.	(Signed) M. (Address) Described The M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

(If death occurred in a horpital or institution, give its NAME instead of stort and number) Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? yrs, mos. 2. FULL NAME (a) Residence: No: 9	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Cauchy Mon. Length of residence in city or town where death occurred yets. Length of residence in city or town where death occurred yets. 2. FULL NAME Subtlemed Subtle	1. PLACE OF DEATH	
Langth of residence in city or town where death occurred with a horpital or institution, are in NAME instance of any and a number? 2. FULL NAME Langth of residence in city or town where death occurred with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the city of town and state with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard control of the date stated above, at 2 In the profession, or particular with a standard	County day mys care co	Registration Dist. No.
(a) Residence: No. 9	(If	death occurred in a hospital or institution, give its NAME instead of the and number)
(a) Residence: No. 9 (Usua) bace of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsd
PERSONAL AND STATISTICAL PARTICULARS S. SINGLE MARKED WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) If I married, widowed, or divorced will be a state of the word of (or) WIFE of Water Williams of the word of (or) WIFE of Water Williams of the word of (or) WIFE of Water Williams of (or) WIFE of Water Wa	2. FULL NAME butha tumer	
21. DATE OF DEATH Calculated S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("corrie the word) Additional of the word of word of word one, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular kind of word done, e.s. SPINNER. S. Trade, profession, or particular word of wor		
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4. If married, widowed, or divorced with the first problem of the		9 8 ,193 5
S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular land by the second of work done, as SPINNER. Work was done on the		(Worth) (Day) (Tear)
17. AGE Vears Months Days If LESS than 1 dayhrs. ormin. 8. Trade, profession, or particular SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SILK MILL, SAW MILL BARK, etc. 10. Date deceased last worked et this occupation (month end Socupation) 12. BIRTHPLACE (city or town) SAW MILL BARK, etc. 13. NAME 14. BIRTHPLACE (city or town) SAW MAIL BARK ALC 15. MAIDEN NAME Manner of operation Name of operation Sat there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Actident, suicide, or homicide? Date of injury Name of operation Name of operation Sat there an autopsy? 24. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of Injury Nature o	(or) WIFE of But the twee Johnson	22. I HEREBY CERTIFY That I attended deceased fro
1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, es SPINNER. Howe were as follows: 9. Industry or business in which work was done, as SPINNER. Howe were as follows: 10. Date deceased lest worked et this occupation (month end year) 10. Date deceased lest worked et this occupation (month end year) 11. Total time (years) was pent in this occupation. 12. BIRTHPLACE (city or town) Balance were as follows: 13. NAME Janky to business in which worked et this occupation. 14. BIRTHPLACE (city or town) Balance were as follows: 15. MAIDEN NAME Janky to business in which worked et this occupation. 16. BIRTHPLACE (city or town) Balance were as follows: 17. INFORMANT Left following: 18. BURIAL, CREINTION, OR REMOVAL Place Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Left by Grant and States or injury in any wey releted to occupation of deceased? 19. UNDERTAKER Left by Grant and States or injury in any wey releted to occupation of deceased? 19. UNDERTAKER Left by Grant and States or injury in any wey releted to occupation of deceased?	5. DATE OF BIRTH (month, day, and year) OVOV-5 1880	I last saw halive on9, 19_3_5; death is sa
8. Trade, profession, or particular kind of work done, as SPINNER, House work and of work done, as SPINNER, House work and of work done, as SPINNER, House work and of work done, as SPINNER, House work as done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at the spent in this occupation (month end year) 11. Total time (years) was spent in this occupation work was done, as SILK MILL, Sawy MILL, BANK, etc. 12. BIRTHPLACE (city or town) Baltimal Mills occupation Other Contributory Casses of importance: 13. NAME Jinhall Mills occupation Other Contributory Casses of importance: What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (city or town) Baltimal Mills occupation Name of operation Name of operation Name of operation Date of. What test confirmed diagnosis? Date of Injury 15. MAIDEN NAME And		to have occurred on the date stated above, at 5.2-m.
8. Trade, profession, or particular kind of work done as SPINNER, However business in which was done as SPINNER, However business in which was done, as SILK MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end year) 11. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREINTION, OR REMOVAL Place 18. BURIAL, CREINTION, OR REMOVAL Place 19. UNDERTAKER 19. As disease or injury in any wey releted to occupation of deceased? 24. Was disease or injury in any wey releted to occupation of deceased?		
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Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Balance May 13. NAME Signal May 14. BIRTHPLACE (city or town) Balance May 14. BIRTHPLACE (city or town) Balance May 15. MAIDEN NAME Signal May 16. BIRTHPLACE (city or town) Balance May 16. BIRTHPLACE (city or t	9. Industry or business in which	1
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Baltimal Miles (Stete or country) 13. NAME Sakah Attornh 14. BIRTHPLACE (city or town) Date of (State or country) 15. MAIDEN NAME Dand Band Mark test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19. 17. INFORMANT Lelen fell Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Name of operation Date of Was there an autopsy? 24. Was disease or injury in any way releted to occupation of deceased? Name of operation Date of Was there an autopsy? 25. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Name of operation Date of Accident, suicide, or homicide? Date of Injury Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Name of operation Date of Name of operation		
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14. BIRTHPLACE (city or town) Local Ruan (State or country) 15. MAIDEN NAME Local Ruan 16. BIRTHPLACE (city or town) Local Ruan (State or country) 17. INFDRMANT Lelem field (Address) 18. BURIAL, CRENATION, OR REMOVAL Place Letter September September 11, 1975 19. UNDERTAKER Letter September 19. Undertaker 24. Was diseese or injury in any wey releted to occupation of deceased?	13. NAME I Sighas Attorne	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Count form 16. BIRTHPLACE (city or town) Count form (State or country) 17. INFDRMANT Clem field 18. BURIAL, CRENATION, OR REMOVAL Place Clem for Country Slept 11, 1975 19. UNDERTAKER Lem f Country Successed? 19. UNDERTAKER Lem f Country Successed Su	14 RIDTHDI ACE (city or town) Don't Ruser	Name of operation
15. MAIDEN NAME Count During 16. BIRTHPLACE (city or town) Count Run (State or country) 17. INFORMANT Country 18. BURIAL, CREMATION, OR REMOVAL Place Country 19. UNDERTAKER City or town) Country and State) 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19 (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Nature of Injury 19. Was disease or injury In any wey releted to occupation of deceased? 24. Was disease or injury In any wey releted to occupation of deceased?	(State or country)	
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(Specify city or town, county and State) 17. INFDRMANT Helless fill (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CRENATION, OR REMOVAL Place better Supplies Supplies (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER Lember Between Supplies (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury In any wey releted to occupation of deceased?	(State or country)	
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19. UNDERTAKER Lemis H Banne 24. Was disease or injury in any way related to occupation of deceased? 180	18. BURIAL, CREMATION, OR REMOVAL	
		24. Was disease or injury in any way releted to occupation of deceased?
20. FILED. 7-11, 1935 The way (Signed) (Signed) (Address) 29 6 March Carmbridge		(Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

certificate.	
Jo	
back	
no	
instructions	
See	
important.	
	important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9870
1. PLACE OF DEATH	(8)
County Coulerte	Registration Dist. No. 11 9
Village Dr City Salem	NDSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsn	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant In	sheelen
(a) Residence: No. 5 de Mag	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR D. VORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of	22
(or) WIFE of	not 19 ato all 19
6. DATE OF BIRTH (month, day, and year) 5/2 6/37	I last saw h. 2 and C. C. C. 19; death is said
7. AGE Years Months Days If LESS than	
4 his about in 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date otonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Whi a dest
	Come when Flux
9 Sudustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Park Tuliable 14. BIRTHPLACE (city or town) Reiner State or country) (State or country)	Name of operation 2 Page 10 Date of
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? 2 C Wes there en eu'opsy?
15. MAIDEN NAME ONLA Max Juliela	
16. BIRTHPLACE (city or town) Solum	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Cole was Wheeler Salery Was	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION, DR REMOVAL	Manner of injury
Plece Solem Med Date 9/2 19	Nature of injury.
19. UNDERTAKER Of and Wheatly	24. Was disease or injury in any way related to occupation of deceased?
(Address) fleid Service	If so, specify
20, FILED 5/26/, 1931 John vion	(Signed) M. D.
Registrat	(Additions)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis 06 7 1953	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
CAU V. O.		<i>y</i>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	MARYLAND—CERTIFICATE OF DEATH	
FATH	(027)	

9871

1. PLACE OF DEATH	93-20
County Dechest	Registration Dist. No.
Village or City V Llune	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Estilla White (a) Residence: No. Oca Low med.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Secretary 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaa)
5al If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF (OF) WIFE OF	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) / 891 . Guy 26	I last saw h alive on, 193 ; death is sald
7. AGE Years Months Oays // LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Fatty lengeneration]
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) State or country)	Other Contributory Causes of importance:
	- grese -
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OSES CUL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Deux Curation 16. BIRTHPLACE (city or town) Australia Police (State or country)	Accident, suicide, or homicide? Oate of injury
17. INFORMANT June 30 Mileche (Address) Vientra, will Com	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1, 1935	Manner of injury
19. UNDERTAKER L'eulie A. Bayreum, (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Oct 2, 1935 Eva & Slaceen Deputy Registrar.	(Signed) That a M. D. M. D. (Address) Machela Abusia

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 Ä ż should state

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than 1 day, hrs. or min. 8. Trade profession or particular	
Village or City Church Greek No. (If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred 10 yrs mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wall Valuations 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of Cor) WIFE of Cor) (Or) WIFE of Particular Welley 6. DATE OF BIRTH (month, day, and year) Africal Particular Solutions 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 2 last saw h was alive on Left 30 3 last saw h was alive on Left 30 4 last saw h was alive on Left 30 5 last saw h was alive on Left 30 6 DATE OF BIRTH (month, day, and year) Agricular 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 2 last saw h was alive on Left 30 3 last saw h was alive on Left 30 4 last saw h was alive on Left 30 5 last saw h was alive on Left 30 6 DATE OF BIRTH (month, day, and year) Agricular 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 1 last saw h was alive on Left 30 2 last saw h was alive on Left 30 3 last 30 4 last saw h was alive on Left 30 5 last 30 6 last 30 6 last 30 6 last 30 7 last 30 8 last 30 9 last 3	6 00
Length of residence in city or town where death occurred yrs, mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Achievement Welley 6. DATE OF BIRTH (month, day, and year) Africal Days 1 last saw h	Ward
(a) Residence: No. Church Creed, St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of Cor W	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OR RACE OR DIVORCED (write the word) COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) COLOR OR RACE OR DIVORCED (write the word) 1. DATE OF DEATH OR DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) 1. DATE OF DEATH OR DATE	
3. SEX Wale 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY. That I attended de (Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days 1 LESS than 1 day, hrs. Or min. 1 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate
Male white OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Acheeure Welley 6. DATE OF BIRTH (month, day, and year) April / 9-1800 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade profession or particular. 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alherine Welley 6. DATE OF BIRTH (month, day, and year) April 19-19-19-19-19-19-19-19-19-19-19-19-19-1	193 5
6. DATE OF BIRTH (month, day, and year) Africal 1 day, and 1 day,	(Year)
6. DATE OF BIRTH (month, day, and year) Quel / 9-1500 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 last saw h Liminal alive on Left 2/ 1935; to have occurred on the date stated above, at 1030A-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ceased from
85 5 // I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is said
8. Trade profession or particular	
- N. 8. Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Caremonia (Boroal surface)	larker
kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 12. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total time (years) 14. Total time (years) 15. Data deceased last worked at 16. Data deceased last worked at 17. Total time (years) 18. Total time (years) 19. Total time (years) 19. Total time (years) 19. Total time (years)	nal
10. Data deceased last worked at this occupation (month and 1932 spent in this 50 occupation (coupation)	
12. BIRTHPLACE (city or town) Lakewelle Will Sleve al Carcusana	
(State or county)	Hullse
13. NAME Samuel Willey 14. BIRTHPLACE (city or town) Lakesville Name of operation. Date of	
(State or country) What test confirmed diagnosis? Was there an aut	onsy?
15. MAIDEN NAME Elsie Robbins 23. If death was due to external causes (VIOLENCE) fill in also the following:	ороў
15. MAIDEN NAME Elsie Kohleins 16. BIRTHPLACE (city or town) Additively 16. State or country) One of injury One of injury One of injury One of injury	, 19
(State of County) Where did injury occur?	
17. INFORMANT Author Willey (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC (Address)	E.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Madein gate let 1935 Nature of injury	
19. UNDERTAKER Ougle Rehard 24. Was disease or Injury in any way related to occupation of deceased?	دد
20, FILED 9-30, 1935 John more (Signed) at Mescies Registrar. (Address) Cambridge 3	М.Г
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	cap

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes teath, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death-and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as-follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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(A) (S)). Every i	SICIANS	atement .
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MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FOR E	IS A PI	stated]	properly
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RESERVI	G INK-T	GE should	hat it may
IARGIN	UNFADIN	upplied. A	terms, se t
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. 1	-WRITE	mation sh	CAUSE 0

N. B.-WRITE PL.

V. S. No. 1

STATE OF MARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County poseliere	Registration Dist. No. 19
Village or City Beachaffs Hand	NoSt., Wal
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foraign birth?
60 00 00	O
2. FULL NAME Haley Wood	7
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sent (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1985, to Land 1985
6. DATE OF BIRTH (month, day, and year) Sept. 5, 1935	i last sew h; death is so
7. AGE Years Months Days If LESS than I day,hrs ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	deed in when
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	
10. Data deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME ALL WARDEN STATE OF THE STATE OF TH	
I4. BIRTHPLACE (city or town)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Pela Bures. 16. BIRTHPLACE (city or town) Burelage 14-52 (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (Stata or country)	Whera did injury occur?
17. INFORMANT Alex World Head. Line	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bishops Head Date Lept 7, 1935	Manner of injury
19. Whother arlie woodland	24. Was disaase or injury in any way related to occupation of deceesed?
20. FILED Sept 6, 1935 Wilson & Pritchett	(Signed) TT. Jacobs M. M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1900	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	100		
Other contributory causes of importance:	adSN	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 10

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	23		
County Dorchester	Registration Dist. No. II6		
Village or City Cambridge, Md.	No. X St., Ward		
Length of residence in city or town where death occurred6yrsXmos	f death occurred in a hospital or institution, give its NAME instead of street and number) 3		
2. FULL NAME Emma G. Wright.	St. 4 Ward.		
(a) Residence: No. 402 Academy Street. (Usual place of abode)	St., 4 Ward. If nonresident give city or town and Sides.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. Arried.	21. DATE OF DEATH September 18th, 193 5 (Month) (Day) (Year)		
5a. If married, widowed of diverged William R. Starr. (or) WIFE of Martin L. Wright.	22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) 7/17/1874	I last saw her alive on Left . 193 1; death is said		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at - 45 Pm. M The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or particular	were as follows: Date of one of Lief more and		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jukeveuloses Tutmour		
10. Date decessed last worked at this occupation (month and 4/1/35 spent in this occupation decoupation)	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) Bucktown (State or country) Md.			
13. NAME John Bassett.			
13. NAME John Bassett. 14. BIRTHPLACE (city or town). Bucktown, (State or country) Md.	Name of operation		
15. MAIDEN NAME Ellen Harding.	23. If death was due to external causes (VIOL ENCE) fill In also the following:		
15. MAIDEN NAME Ellen Harding. 16. BIRTHPLACE (city or town) Hadison, (State or country) Md.	Accident, suicide, or homicide?		
17. INFORMANT Lillian Mason. (Address) West Chester, Pa.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 9/21/35.	Manner of injury		
19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILED 9-20, 1935. John more & Registrar.	(Signed) Cambridg Wel.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 (2)			
11 001	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1